

# **INSTRUCTION**

## **ACH Vendor Payment Enrollment Form**

### **AGENCY INFORMATION SECTION**

**Please do not fill out the “Agency Information” section**, the boxes can be checked only by accounting staff in the Department of Transportation.

### **PAYEE/COMPANY INFORMATION SECTION**

“Payee/Company Information” section shall be filled and **signed by the CFO or owner of the business**. You may list all the contracts on one Enrollment Form or attach another sheet if needed. The name, address, and federal tax ID of the company must be the same as on the awarded contract.

### **FINANCIAL INSTITUTION INFORMATION SECTION**

This section must be filled and **signed by the authorized bank official**. Please make sure the name, address, and ACH coordinator of the bank are correct because we will verify the routing and account information with your financial institution.

### **FOR THE FIRST TIME ENROLLMENT**

1. Submit a voided check along with the completed Enrollment Form and mail it to the address below. The account numbers on the check must match the information on the Form.

Department of Transportation  
P.O. Box 168043  
Sacramento, CA 95816-8043  
Attn: Fiore Ai
2. After the Department of Transportation receives your Enrollment Form, it takes about six to eight weeks to verify the bank information. If everything is correct, you shall receive your first EFT payment about eight weeks after your enrollment.

### **FOR THE VENDOR ALREADY ON EFT PROGRAM**

1. For every new contract, you are required to send in a new Enrollment Form. If the “Payee/Company” and the “Financial Institution” information are the same, the verification process is reduced to one week.
2. If the “Financial Institution” information has changed, you must send in a new Enrollment Form and also submit another voided check with the new account number to match the data on the Form.

### **ADDITIONAL INFORMATION**

1. If any information on the Enrollment Form is incorrect or incomplete, the form will be returned.
2. We do not accept EFT enrollment for minor or emergency contracts.
3. If you have any questions regarding filling the Enrollment Form, please contact Fiore Ai in Service Payables at (916) 227-4240. Thanks.

## ACH VENDOR PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the CASPAY system. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

### PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974. The information is collected under authority of SAM section 4821.1, Govt. code sec 11701 (f) & 31 CFR 210. All information collected on this form will be used by the State Controller Office to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through the Automated Clearing House Payment System.

### AGENCY INFORMATION (TO BE FILLED BY AGENCY)

STATE AGENCY

Department of Transportation, State of California

ADDRESS:

Accounting Service Center, P.O Box 168043, Suite PETS, Sacramento, CA 95816-8043

CONTACT PERSON NAME:

Fiore Ai, Accounting Officer

TELEPHONE #:

(916) 227 - 4240

FAX #:

(916) 227 -4292

Vendor already on EFT Program  
(with same route & account info)

Yes

☐

No

☐

Voided Check on File

Yes

☐

No

☐

### PAYEE / COMPANY INFORMATION

CONTRACT #

(Use separate sheet to list, if needed)

NAME:

FEDERAL ID # OR SSN #:

ADDRESS:

SIGNATURE AND TITLE OF AUTHORIZED COMPANY OFFICIAL:

TELEPHONE #:

**PLEASE SUBMIT A VOIDED CHECK ALONG WITH THIS FORM [FIRST TIME ENROLEE ONLY]**

### FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE #:

NINE DIGIT ROUTING TRANSIT NUMBER:

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DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

TYPE OF ACCOUNT:

SIGNATURE AND TITLE OF AUTHORIZED BANK OFFICIAL:

TELEPHONE #: